



State of Vermont

Department of Mental Health

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Agency of Human Services

September 11, 2009

Mr. Thomas W. Huebner
President
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701

Dear Mr. Huebner:

Thank-you for making a bid proposal in response to the RFP issued by the Department of Mental Health regarding acute psychiatric inpatient care. A review committee comprised of legislators, advocates, and mental health service providers, met this week and has requested additional information regarding the Rutland Regional Medical Center proposal. We ask that you respond to these questions by close of business on Friday, September 18th.

The review committee also asked that I convey that they appreciate RRMC bringing forward such a concrete proposal at this time. The committee wished to specifically commend the work and resources that your team has invested to date in developing the proposed expansion program.

Additional information is requested on the following:

1. Are there any statutory changes you feel would be necessary or important to the proposed program's success? (For instance, non-emergency involuntary medication, admission of court ordered evaluations without physician order and retain in hospital post physician recommendation?)
2. Are you willing to admit patients who may require non-emergency involuntary medication?
3. What are the additional costs for the expansion beds (the pro forma is confusing).
4. Would the program be fiscally viable at full capacity?
5. Would you consider more use of RN's rather than LPNs? Please provide a description which defines the roles of RNs and LPNs.
6. How do you see this proposed program as part of the larger system to insure that every patient has a bed even if your program is at capacity?

7. What would do differently from current practice to manage higher acuity and zero- reject admission policy in the proposed program?
8. What community resources and or step-down services are needed for this program to succeed? Please respond both in the context of your immediate community and statewide.
9. Would the program serve individuals referred from the Courts for competency evaluations or from Corrections for acute treatment? Please be explicit regarding forensic admissions.
10. What will you require for medical clearance prior to admission and can you be flexible especially if a patient is refusing medical care or evaluation?
11. What additional costs do you anticipate for recruitment of physicians (psychiatrists) and nurses to the Rutland area?
12. In the past, RRMC has had difficulty staffing the current unit adequately with psychiatrists. Please provide a five year history of the length of vacancies for psychiatrists during periods of recruitment. If coverage was provided by locum tenens rather than a filled position please identify it as such because it goes to the underlying question of the future ability to sustain adequate coverage.
13. What is the capacity for the “no reject beds” in this proposal – is it 25? 12.5? or 6 beds?
14. Aside from architectural issues, could the least acute part of the proposed program be an open unit? What is your understanding of how FAHC provides a voluntary option for patients and how might this apply to the proposed program at RRMC.
15. The space that the psychiatric program currently uses would become available to RRMC for alternative uses if the proposed program were created. What is the value of that space and how would you include this calculation in the costs of the new service to the State?
16. When will you reflect the actual payer mix for VSH patients rather than an assumption?
17. Please describe in more detail your philosophy of care.
18. The current RRMC program developed an extreme policy in response to a recent regulatory requirement (the policy on strip searches for all admissions). Please explain this and how future such issues will be approached.
19. How will the proposed program provide access to ECT?
20. RRMC has made great changes in the psychiatric unit but these changes have not been observed in the Emergency Department and other areas of the hospital. How will

consistency be created between the values of the psychiatric unit and the rest of the hospital?

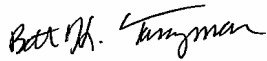
21. Will you rely on security guards for management of acute psychiatric patients requiring restraint or seclusion?
22. Does the current financial crisis impact on this proposal? In the past, RRMC has communicated that the psychiatric service would be closed due to financial issues.
23. What is the long term commitment to continue to provide this level of care?
24. Can you provide an on-site facility for court hearings?

Please direct the responses to my email (btanzman@vdh.state.vt.us).

I do appreciate that this is a very rapid response schedule and wish to thank-you in advance for the work the RRMC team will put into responding to these reviewer questions.

We look forward to receiving your responses.

Sincerely,



Beth Tanzman
Deputy Commissioner

BT/psp

cc: Michael Hartman
Jeffrey McKee